

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **36858**  
 Registrar's No. **4281**

FILED OCT 21 1957

BIRTH NO. _____		REG. DIST. NO. <b>274</b>		PRIMARY REG. DIST. NO. <b>3052</b>		Registrar's No. <b>4281</b>	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>1 hr.</b>		c. CITY OR TOWN <b>Sedalia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2801 East 12th St.</b>				e. STREET ADDRESS (If rural, give location) <b>1017 South Massachusetts</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>		b. (Middle) <b>THOMAS</b>		c. (Last) <b>MARTENY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 8, 1902</b>	
9. AGE (In years last birthday) <b>54</b>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Months _____ Days _____		12. UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during present working life, even if retired) <b>Merchant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Retail grocery</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Buchanan County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Edward Marteny</b>		13b. MOTHER'S MAIDEN NAME <b>Kate Deacons Marteny</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Bennett Marteny</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-22-6066</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Martha Marteny, 1017 S. Mass. Sedalia, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suicide by firearm</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>PLACE OF BUSINESS</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>SEDALIA PETTIS MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-14-57 6:35 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Suicide by firearm</b>			
22. I hereby certify that I <del>was</del> <sup>viewed</sup> the deceased <del>person</del> <sup>as a carrier</sup> , 19 <b>1957</b> , that I last saw the deceased alive on <b>10-14-57</b> , and that death occurred at <b>7:00a m.</b> , from the causes and on the date stated above.							
23. SIGNATURE <b>Chas Gordon Stauffer</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Corner Pettis Co</b>		23c. DATE SIGNED <b>10-14-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/17/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Toben Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Rural Buchanan County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-16-57</b>		REGISTRAR'S SIGNATURE <b>Frances Shelby</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Francis Shelby</b>		ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5410

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 384

P. O. Address. Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.